

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: CORNERSTONE OF STURGEON BAY (0008736)

Address: 204 N DULUTH AVE, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 02/01/2001

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

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For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Survey ID: 0096741 End Date: 03/15/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007280 Served 04/14/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	06/07/2006	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	06/07/2006	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	06/07/2006	Yes
83.11(3)(a)	RESPONSIBILITIES	06/07/2006	Yes
83.11(3)(d)	NOTIFICATION OF CHANGE IN ADMINISTRATOR	06/07/2006	Yes
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	06/07/2006	Yes
83.12(5)(b)2	CONTINUAL ACCEESS TO ASSESSMENT & ISP	06/07/2006	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	06/07/2006	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	06/07/2006	Yes
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS	06/07/2006	Yes
83.21(4)(g)	FAIR TREATMENT	06/07/2006	Yes
83.21(4)(n)3	FREE OF CHEMICAL RESTRAINT	06/07/2006	Yes
83.21(4)(w)	SAFE ENVIRONMENT	06/07/2006	Yes
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	06/07/2006	Yes
83.33(3)(i)2	MEDICAL CONDITION RECORDED IN RECORDS	06/07/2006	Yes
83.33(3)(j)2	RECORD KEPT OF RETURNED/DESTROYED MEDS	06/07/2006	Yes
83.42(12)	MAINTENANCE OF EXITS	06/07/2006	Yes

Survey ID: 0093522 End Date: 10/19/2004 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007033 Served 11/01/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	01/02/2006	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	03/29/2006	No
83.41(5)(d)1	WATER SUPPLY	01/01/2005	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	03/06/2006	Yes

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092451 **End Date:** 04/27/2004 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Enforcement History

Date: 04/13/2006 **SOD #**10007280 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---13.05(2),13.05(3)(a),83.19(3)(c)
FORFEITURE---83.11(3)(a)
FORFEITURE---83.11(3)(h)
FORFEITURE---83.12(5)(b)2
FORFEITURE---83.14(1)(d) 2nd cite
FORFEITURE---83.21(2)(a)
FORFEITURE---83.21(4)(w)
FORFEITURE---83.33(3)(i)2

Date: 10/28/2004 **SOD #**10007033 **Appealed:** No

Sanctions

FORFEITURE---83.13(7)(a)9
FORFEITURE---83.14(1)(d)

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Complaint History

Date Complaint Received: 03/03/2006

Date Investigation Completed: 03/15/2006

Subject Area(s)
RESIDENT RIGHTS
ABUSE
MEDICATIONS
ADMINISTRATION

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	04/13/06
SUBSTANTIATED	04/13/06
SUBSTANTIATED	04/13/06
SUBSTANTIATED	04/13/06

Date Complaint Received: 06/28/2004

Date Investigation Completed: 10/25/2004

Subject Area(s)
MEDICATIONS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

Date Complaint Received: 06/17/2004

Date Investigation Completed: 10/25/2004

Subject Area(s)
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

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